DELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 | MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

$0.00 Paid

PERMIT# 17528 PIN# ~~4626 38 4001.1~~ 4626565016 DATE 1/5/04

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business 660-1185 Home

ADDRESS 400 S TRYON ST SUITE 1300 - CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - IR McKENDREE - TL ONTO KEMP - TL ONTO AGNEW - ON LT.

SUBDIVISION FARMS BLOCK / SECTION LOT LOT AREA 13.74c SITE CLASS PS DESIGN FLOW 1380 L.T.A.R. .36 PD/FT2

Septic Tank: ~~1500~~ 3000 Gallons: STB 7 Date 3/3/04

Pump Tank: ~~2500~~ 3000 Gallons: PT 143 Date 10/12/03

Pump Make: Cook's Model WS0712 Serial No.

Nitrification Field: No Fields 1 Square Feet 3456 Linear Feet 1152

No Lines 8@144' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: PUMP 2506 REQUIRED

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☑ Other AMENITY SITE/FARMS

☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

TANKS AT BALL FIELD 1000 STB 794 10/26/04

1000 PT 27 11/2/04

Comments:/Conditions: Supply line 3" checked 12/6/04

INITIAL SITE SKETCH

SEE TONEY JACOBS & ASSOC. PLAN ATTACHED.

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] PSS date 1/5/04

Improvement Permit by: [signature] RS date 1/5/04

Authorization to Construct by: [signature] RS date 1/5/04

Installed by: Stanley Septic

Operation Permit by: [signature] RS date 5/27/05

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK